

Hormone Treatment Risk Analysis Consent Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Patient Name],

Thank you for choosing our clinic for your hormone treatment. Before proceeding with your treatment, we would like to inform you about the potential risks and benefits associated with hormone therapy. This is to ensure you make an informed decision regarding your healthcare.

Potential Benefits:

- Improved mood and psychological well-being
- Development of secondary sexual characteristics
- Fertility preservation options

Potential Risks:

- Cardiovascular issues, including blood clots
- Increased risk of certain cancers
- Changes in liver function
- Emotional fluctuations

Please consider the information provided and feel free to ask any questions before making your decision. We are here to support you throughout this process.

By signing below, you acknowledge that you have read and understood the risks and benefits of hormone treatment and give your consent to proceed.

Patient Signature: _____

Date: _____

Feel free to reach out if you have any concerns.

Sincerely,

[Doctor's Name]

[Clinic Name]

[Contact Information]